OAK PARK NURSING & REHABILITATION CENTER

801 BRAXTON PLACE

MADISON 53715 Phone: (608) 251-1010 Ownership: Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 100 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 100 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 94 Average Daily Census: 93

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				%			
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis	%	Age Groups	8		23.4			
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0.0	Under 65 65 - 74	12.8 12.8	More Than 4 Years	16.0			
Respite Care	No	Mental Illness (Other)	5.3	75 - 84	38.3	I	63.8			
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic	0.0	85 - 94 95 & Over	6.4	*************************************				
Congregate Meals Home Delivered Meals	No No	Cancer Fractures		İ		(12/31/03)				
Other Meals Transportation	No No			65 & Over 		 RNs	7.3			
Referral Service Other Services	No Yes	Diabetes Respiratory	5.3 5.3	Gender 	% 		10.1			
Provide Day Programming for Mentally Ill		Other Medical Conditions	22.3	Male Female		Aides, & Orderlies	34.9			
Provide Day Programming for	No	 	100.0	•		 				
Developmentally Disabled	No	•	ale ale ale ale ale ale ale		100.0					

Method of Reimbursement

		Medicare			Medicaid Sitle 19			Other			Private Pay			amily Care		I	Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	양	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.8	183	0	0.0	0	0	0.0	0	0	0.0	0	1	20.0	375	2	2.1
Skilled Care	15	100.0	292	54	96.4	141	0	0.0	0	18	100.0	194	0	0.0	0	4	80.0	275	91	96.8
Intermediate				1	1.8	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		56	100.0		0	0.0		18	100.0		0	0.0		5	100.0		94	100.0

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OAK PARK NURSING & REHABILITATION CENTER

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	Į.				% Needing		Total
ercent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	1.3	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents
Private Home/With Home Health	1.9	Bathing	0.0		56.4	43.6	94
Other Nursing Homes	1.9	Dressing	11.7		46.8	41.5	94
Acute Care Hospitals	93.7	Transferring	23.4		37.2	39.4	94
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.1		37.2	44.7	94
Rehabilitation Hospitals	0.0	Eating	47.9		25.5	26.6	94
Other Locations	1.3	*****	******	*****	*****	******	*****
otal Number of Admissions	319	Continence		용	Special Treatmen	ts	%
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	9.6	Receiving Resp	iratory Care	16.0
Private Home/No Home Health	13.8	Occ/Freq. Incontiner	nt of Bladder	58.5	Receiving Trac	heostomy Care	2.1
Private Home/With Home Health	26.4	Occ/Freq. Incontiner	nt of Bowel	44.7	Receiving Suct	ioning	2.1
Other Nursing Homes	4.4				Receiving Osto	my Care	1.1
Acute Care Hospitals	39.3	Mobility			Receiving Tube	Feeding	6.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	9.6	Receiving Mech	anically Altered Diets	42.6
Rehabilitation Hospitals	0.0						
Other Locations	7.2	Skin Care			Other Resident C	haracteristics	
Deaths	8.8	With Pressure Sores		9.6	Have Advance D	irectives	100.0
Cotal Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	318				Receiving Psyc	hoactive Drugs	67.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

Ownership: Bed Size: Licensure:	1	
	1	
This Proprietary 100-199 Skilled Al	_	
Facility Peer Group Peer Group Peer Group Faci	Facilities	
% % Ratio % Ratio % Ratio %	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds 66.2 86.2 0.77 87.6 0.76 88.1 0.75 87.4	0.76	
Current Residents from In-County 96.8 78.5 1.23 83.0 1.17 82.1 1.18 76.7	1.26	
Admissions from In-County, Still Residing 17.2 17.5 0.98 19.7 0.88 20.1 0.86 19.6	0.88	
Admissions/Average Daily Census 343.0 195.4 1.76 167.5 2.05 155.7 2.20 141.3	2.43	
Discharges/Average Daily Census 341.9 193.0 1.77 166.1 2.06 155.1 2.21 142.5	2.40	
Discharges To Private Residence/Average Daily Census 137.6 87.0 1.58 72.1 1.91 68.7 2.00 61.6	2.23	
Residents Receiving Skilled Care 98.9 94.4 1.05 94.9 1.04 94.0 1.05 88.1	1.12	
Residents Aged 65 and Older 87.2 92.3 0.94 91.4 0.95 92.0 0.95 87.8	0.99	
Title 19 (Medicaid) Funded Residents 59.6 60.6 0.98 62.7 0.95 61.7 0.97 65.9	0.90	
Private Pay Funded Residents 19.1 20.9 0.91 21.5 0.89 23.7 0.81 21.0	0.91	
Developmentally Disabled Residents 0.0 0.8 0.00 0.8 0.00 1.1 0.00 6.5	0.00	
Mentally Ill Residents 53.2 28.7 1.85 36.1 1.48 35.8 1.49 33.6	1.58	
General Medical Service Residents 22.3 24.5 0.91 22.8 0.98 23.1 0.97 20.6	1.09	
Impaired ADL (Mean) 59.8 49.1 1.22 50.0 1.20 49.5 1.21 49.4	1.21	
Psychological Problems 67.0 54.2 1.24 56.8 1.18 58.2 1.15 57.4	1.17	
Nursing Care Required (Mean) 10.0 6.8 1.47 7.1 1.41 6.9 1.44 7.3	1.36	